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**\*\* CONTINUING DATA \*\*\*\*\*** *HR = Yes*

This appln claims benefit of 60/451,460 03/03/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *HB = None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 05/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>[Signature]</i> Examiners Signature	<i>HB</i> Initials			

**ADDRESS**

51344

**TITLE**

Canister-based storage system

<b>FILING FEE RECEIVED</b> 1304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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